

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2009
Secretary of State**

DOCUMENT# N04000011899

Entity Name: LAKEVIEW VILLAS P.O.A., INC.

Current Principal Place of Business:

2476 N. ESSEX AVE.
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2476 N. ESSEX AVE.
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 20-2025447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, ERIC D. ESQ.
2476 N. ESSEX AVE.
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABEL, ERIC D.
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: PASTOR, JOHN E.
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: DRISKILL, DEB
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: HAIGHS, MICHAEL
Address: 1222 DIAMOND SHORE LOOP
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: SIEGEL, IRA
Address: 2094 N LAKECREST LOOP
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABEL, ERIC D.
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: TD (X) Change () Addition
Name: PASTOR, JOHN E
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: SD (X) Change () Addition
Name: DRISKILL, DEB
Address: 2476 N. ESSEX AVE.
City-St-Zip: HERNANDO, FL 34442

Title: D (X) Change () Addition
Name: HAIGHT, MICHAEL
Address: 1222 DIAMOND SHORE LOOP
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC D. ABEL

Electronic Signature of Signing Officer or Director

DIR

03/13/2009

Date